

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

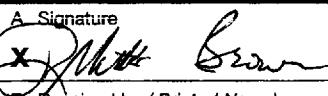
## 1. Article Addressed to:

All Debt Traders, Inc.  
400 Linden Oaks  
Rochester, NY 14625

07cv97 S + And Corp

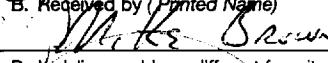
**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature



Agent  
 Addressee

## B. Received by (Printed Name)



C. Date of Delivery  
2/29/03

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label)

7007 1490 0003 0196 9233

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540